

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F0100004282 1. Entity Name HEALTHSOUTH LTAC OF SARASOTA, INC.	
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Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	Mailing Address PO BOX 380546 BIRMINGHAM, AL 35238
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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04282006	Chg-P	CR2E034 (11/05) <i>06</i>
4. FEI Number 63-1283287	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CPFILE NOW!!! - FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May 15, 2006
 Added to Fees: **600075649018**
 06/01/06--01039--001 **26900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GRINNEY, JAY <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SNOW, MICHAEL D <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENKE, BRIAN M <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOODY, GREGORY L <input type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input checked="" type="checkbox"/> Delete DEMARAY, DREW C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Delete HICKS, LUCY C ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jody Martin One Healthsouth Pkwy Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____